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MAR 10 2006

To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment US Patent and Trademark Office	(571) 273-8300	

FROM: Stephen C. Durant  
Reg. No. 31,506

DATE: March 10, 2006

Number of pages with cover page:	21	
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**Re:** U.S. Patent Application Serial No. 10/735,123  
 For: ROBUST CALCULATION OF CROSSTALK DELAY CHANGE IN  
 INTEGRATED CIRCUIT DESIGN  
 By: Igor KELLER et al.  
 Examiner: T. To  
 Art Unit: 2825  
 Our Reference: 188122000400

**Attachments:**

1. Transmittal - 1 page
2. Fee Transmittal, in duplicate for fee processing - 2 pages
3. Response to Restriction Requirement - 16 pages
4. Petition for Extension of Time (3 months) - 1 page

**Comments:**

Please see attached documents. Thank you.

sf-2094614

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

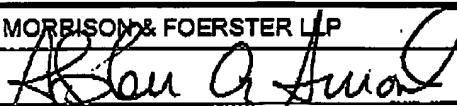
(to be used for all correspondence after initial filing)

		Application Number	10/735,129
		Filing Date	December 12, 2003
		First Named Inventor	Igor KELLER
		Art Unit	2825
		Examiner Name	T. To
Total Number of Pages In This Submission	20	Attorney Docket Number	188122000400

## ENCLOSURES (Check all that apply)

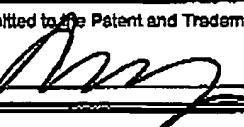
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate for fee processing, 2- pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (16 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Facsimile cover sheet, not included with this page count.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Stephen C. Durant		
Date	March 10, 2006	Reg. No.	31,506

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.

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NO. 362 P. 3  
MAR 10 2006PTO/SB/17 (12-04v2)  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/735,123
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 12, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,020.00)		First Named Inventor	Igor KELLER
		Examiner Name	T.To
		Art Unit	2825
		Attorney Docket No.	188122000400

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952				Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	n/a
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
			n/a			
					n/a	

Independent Claims Extra Claims Fee (\$)

Fee Paid (\$)

n/a

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	n/a	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

1,020.00

**SUBMITTED BY**

Signature	<i>Stephen C. Durant</i>	Registration No. (Attorney/Agent)	31,506	Telephone	(415) 268-6982
Name (Print/Type)	Stephen C. Durant			Date	March 10, 2006

sf-2094604